DIVISION OF STATE COURT ADMINISTRATION 115 W. WASHINGTON STREET, SUITE 1080 INDIANAPOLIS IN 46204-3417

CLAIM FOR SERVICES AS SENIOR JUDGE

Name:	Voucher i	No		
Address:	FOR DIVISI	ION USE		
City and State:	Account No. 100-036.8			
Social Socurity No.	Agency: Supreme Court			
Social Security No.: or	Appropriation Name	: Senior Judge		
Federal ID No.:	Object Amount (Travel from r	reverse side)		
PRIVACY NOTICE: Your Social Security or Federal ID Number is requested as the Auditor of State must comply with Federal IRS requirements. (IC 4-1-8)	.801 \$ Mileage			
comply with rederal INS requirements. (10 4-1-0)	.802 \$	_ Reimbursable Expenses		
FOR DIVISION USE	Total \$	(Paid for Travel)		
FOR DIVISION USE	Pre-audited by:			
TOTAL FEES \$(from reverse side) Pay Period Ending				
	CLAIMANT'S CERTIFICATION			
DIVISION'S CERTIFICATION I certify this claim is correct, it is a proper charge against the agency and account number indicated and payment thereof is authorized.	I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. (IC 5-11-10-1)			
Division of State Court Administration Date	Claimant	Date		

INSTRUCTIONS

- 1. List services in chronological order.
- 2. All claims for covered period must be included.
- 3. Claims should be filed within ninety days.
- 4. Attach verification forms (Form 369D) for each court where services were rendered and fees or travel expense is claimed.
- 5. Attach receipts when reimbursable expenses are claimed.
- 6. NOTE: Separate state warrants will be issued for fees and travel expenses.

General Form No. 369D

SUPREME COURT OF INDIANA DIVISION OF STATE COURT ADMINISTRATION

Senior Jud	ge:				Page	of
		, 19			_, 19	
Date	5 Digit Court Identifier #	Travel Bet	tween Points To	Miles	Reimbursabl (attach receipts)	e Expenses Amount
						\$
DIVISIONUSE TOTAL FEES	ONLY	TOTALMILES	MILEAGE REIM	1BURSEMENT	TOTA EXPENSES	AL REIMBURSABLE
	x50.00	x	:.28			